1	UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY
2	Civil No. 11-6377(JLL)
3	V
4	X :
5	SHARON L. DANQUAH, et al., : TRANSCRIPT OF : PROCEEDINGS
6	Plaintiffs, : December 22, 2011
7	-vs- :
8	UNIVERSITY OF MEDICINE AND : DENTISTRY OF NEW JERSEY (UMDNJ): et al., :
9	:
10	Defendants. : Newark, New Jersey :
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15	B E F O R E:
16	THE HONORABLE JOSE L. LINARES,
17	UNITED STATES DISTRICT COURT JUDGE
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21	Pursuant to Section 753 Title 28 United States Code, the following transcript is certified to be an accurate record
22	as taken stenographically in the above-entitled proceedings.
23	s/Phyllis T. Lewis, CCR, CRCR
24	PHYLLIS T. LEWIS, C.C.R., C.R.C.R. Official Court Reporter - United States District Court P.O. Box 25588, Newark, New Jersey 07101
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1 THE CLERK: All rise. 2 THE COURT: Thank you. 3 Please be seated. 4 Good afternoon. 5 I want to put a little bit of a procedural 6 background on the record, but first let's get everyone's 7 appearance on the record. This is in the matter of Danquah versus University 8 9 of Medicine and Dentistry of New Jersey, Civil Action No. 11-6377. 10 11 Counsel, your appearances for the record, please. 12 MR. STRATIS: Good afternoon, your Honor. 13 Demetrios Stratis on behalf of the plaintiffs. 14 Seated to my right is Matthew Bowman, who is 15 admitted in this matter pro hac vice. Also seated to my right is Catherine Foster, who has also been admitted last 16 17 week by Judge Hammer's order, and also part of our 18 litigation team is Steve Aden. 19 THE COURT: Good afternoon. 20 Thank you. 21 MR. DEUTSCH: May it please the Court, Edward 22 Deutsch from Mc Elroy, Deutsch, Mulvaney & Carpenter, John 23 Peirano from the same firm, and James Patterson from the 24 same firm. 25 THE COURT: Good afternoon, gentlemen.

By way of background, the plaintiffs filed a complaint in this matter back on October 31st, 2011. In that complaint it alleged three causes of action, a violation of the church amendment and Section 1983, a violation of the 14th Amendment of the United States Constitution, and a violation of the New Jersey law, the conscience statute. They also filed an application for a temporary restraining order, as well as a preliminary injunction.

As a result of certain communications from the defendants' counsel with regard to what the hospital was willing to do in the interim and based on the representations made therein, I issued a temporary restraining order, and I scheduled this matter for a hearing today. Originally the hearing was scheduled for another date, but then it was adjourned until today. I think the initial return date was back on November 18th.

We were here today ready to proceed to the arguments in this matter, but I thought it would be in everyone's best interest, both of the plaintiff nurses, as well as the hospital, that I have a conversation with counsel in an attempt to reach an amicable resolution that would address both the concerns of the plaintiffs as well as the concerns of the hospital.

The Court is well aware and cognizant of the

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THE COURT: -- is willing to allow the plaintiff nurses to stay in the same day surgery unit and not have to assist in any manner, and I am going to let you set forth what that means, in termination of pregnancy cases, with the exception of emergency situations, where it is a true emergency, and where there is no non-objecting medical personnel present when the emergency occurs, and even under those circumstances, the only involvement of the objecting plaintiffs would be to care for the patient until such time as a non-objecting person can get there to take over the care.

I thought that with that caveat, Mr. Bowman, and by that I mean the fact if there is a non-objecting person there, they have to do it, not your clients, and with the caveat that they only have to do it until such time as a non-objecting person gets there, and with the caveat that I am retaining jurisdiction to ameliorate any concerns you might have about what is not an emergency, that that was an appropriate resolution.

I know that the plaintiffs had some concerns with the issue of emergencies, you know, what exactly does that mean, and how that could be used.

I am convinced, and I am going to have Mr. Deutch make certain representations on the record, but I am convinced from the dialogue with both counsel, that it is

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not the intent or the desire of the hospital to use this agreement in any way as a pretext to then come up with some kind of a non-emergency situation, call it an emergency, and have your clients have to get involved in the termination of pregnancy at some level.

Having said that, in any event, I am retaining jurisdiction in the event that you feel that that has truly happened.

What I am not going to do today, and I have said that to you, Mr. Bowman, and I think I said it to Mr. Deutsch as well, is to try to come up with a definition of all emergencies today or at any time, because I think that would be medically impossible. Emergencies come in many shapes and forms. You know, it could be a cardiac arrest situation, or it could be a cerebral hemorrhage. You could have someone fall off of a chair and break a leg. I can't even imagine, as I sit here today, how many I could name, so it would really be impossible.

It is also understood, as I view it from the agreement of the parties, that the mere act of bleeding at some level doesn't necessarily constitute an emergency. It is obvious to this Court that when a pregnancy is being terminated in the manner in which the papers indicate the procedure is done, there is to be expected some level of bleeding at some point, and not every bleeding constitutes

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undertake any activities from checking people in, to taking
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         vital signs, administering medication, or any other normal
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         procedure relative to termination of pregnancy patients.
                  Your statement relative to emergencies is accurate.
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         I think reasonable people in the medical profession will
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         know what a real emergency is and will act accordingly.
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                  The procedures take place, as I understand it, on
         Wednesdays and Fridays, and that the hospital is going to
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         make its best efforts to have non-objecting people
         available, so that the non-availability issue can be as moot
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         as it possibly can.
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                  THE COURT: All right.
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                  Mr. Bowman, did I accurately --
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                  MR. DEUTSCH: I'm sorry, your Honor.
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                  The other issue, your Honor, that we spoke of is
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         that you are correct, the intention is to keep these
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         plaintiffs in the same day surgery. In the future if there
         is any reason for movement, the hospital will abide by the
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         letter in applying the union contract, that they are bound
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         by it.
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                  THE COURT: Mr. Bowman, did I accurately reflect
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         the spirit and the letter of the agreement?
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                  MR. BOWMAN: Your Honor, I had a couple of notes on
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                I think that what you said is generally my
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         understanding as well.
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Our understanding is -- well, just at the outset, 1 2 my clients have never taken the position that if they are 3 walking by a room and a woman is in an emergent situation, 4 that they are not going to take the necessary action to 5 protect her. 6 The question is: On routine abortion cases, do 7 they have to do duties. That has always been the issue in the case. 8 9 Our understanding is that the agreement that we have come to today includes that the hospital would staff 10 11 the abortion cases with willing nurses, that -- so, in other 12 words, the hospital couldn't just say, "Well, we don't have 13 enough staff today, so you are on the case, because it is 14 emergency, we need staff," so that they would staff the 15 cases. 16 At the same time they wouldn't transfer, not only transfer out my clients, but reduce their hours and say, 17 18 "Well, because we hired these new nurses, now we have too 19 many, and you can't work as many hours a week as you have 20 been. We are going, you know, to change your duties and 21 schedule, " and all of these things that are adverse that we've proposed. 22 23 Part of the agreement is that as a result of my 24 clients being not willing to work on abortion cases, that 25 they are not going to suffer any of these adverse penalties.

THE COURT: Well, I think that the important words 1 2 there were that as a result of this case. I am not going to 3 today make a blanket ruling on how the hospital is going to 4 run its personnel issues for years to come. I mean, your 5 clients are part of a collective bargaining agreement, and 6 they have rights reserved within that collective bargaining 7 agreement. Obviously, if there is evidence that they are being somehow castigated in some form for having filing the 8 9 lawsuit, that is a story for a different day. 10 But you are correct, my understanding, Mr. Deutsch, is that they will be allowed to stay, at least the present 11 12 plan is that they will be allowed to stay as they were in 13 the same day surgery unit with the only change really being 14 that they don't have to participate in the termination of 15 pregnancies at any level. 16 Is that correct? 17 MR. DEUTSCH: The present intention is to keep them 18 in same day surgery, but in the future at some point, if 19 things change, and staffing had to be changed years from now, sometime in the future, it would be done in accordance 20 21 with the collective bargaining agreement. 22 I can't say that they will be in same day surgery 23 for the next 20 years. It just can't happen --24 THE COURT: Mr. Bowman, it would be impossible for me to police that. 25

Now, the other concern, though, that Mr. Bowman 1 2 raised, and I think you said this, but I just wanted to 3 clarify it, you are going to staff the days when these 4 terminations of pregnancy are done with non-objecting 5 people, so that it is not the case that only objecting 6 people are there, and then by definition everything is an 7 emergency. 8 MR. DEUTSCH: I think the best way to say it is 9 that the hospital is going to make the best efforts to have, as Mr. Bowman said, the willing people or the non-objecting 10 11 people, the new hires and the remaining people who are not 12 objecting, best efforts to have those people available on 13 the days that these procedures take place to avoid the issue 14 of non-availability. 15 THE COURT: All right. 16 Anything else? 17 MR. BOWMAN: Yes. 18 And, your Honor, I think that that -- the point I 19 was making previously was so that we are in sort of a different position than we were last week when Mr. Peirano 20 21 said that, well, once we put these four extra nurses in, we have a surplus --22 23 THE COURT: That is not what is being said today. 24 That has changed as a result of frankly my input with Mr. Deutsch and his input to his client and the conversations 25

1 that went back and forth with the hospital. They have 2 changed I think their position to the position that I 3 suggested this morning, and I think you had accepted it. 4 MR. BOWMAN: I just wanted to put it on the record, 5 your Honor, to clarify that. 6 I think that your description of the emergency 7 issue is basically consistent with ours. Medical professionals do know what a real emergency is. My clients 8 9 are medical professionals, and the issue here is not I am going to do emergency abortions. There are no emergency 10 abortions in the outpatient surgery unit. The issue is I'm 11 12 walking by, there's nobody else available, and this woman is 13 in need for, you know, whatever reason, it is a real emergency. My clients have never taken the position that I 14 am not going to help the women. 15 16 The real question was: Are you going to be assigned to work on abortion cases, you are expected to work 17 18 on abortion cases, and I think --19 THE COURT: We have taken care of that with this 20 agreement. 21 MR. BOWMAN: -- and with that, I think that we 22 have -- I think we could have the understanding here, unless 23 I stand corrected --24 THE COURT: No. I don't have anything else. What I am going to do is, and I think for your 25

clients' protection, as well as the protection of the 1 2 hospital, so everyone is on the same page, as I said to both 3 of you in my chambers, rather than have you go back and 4 forth negotiating something in writing, especially because 5 the emotions in this case have run so high, I am going to 6 issue an order of settlement, which embodies the understanding of the parties, as I have just recited it. 7 I am going to indicate in there that the staffing 8 9 concerns, as indicated by counsel, that they are going to 10 have someone there. 11 I am going to indicate in there that the word 12 "emergencies," as understood in the agreement, are true 13 medical emergencies, and it is not going to be used as a 14 pretext. 15 I am going to include in there that even in that 16 situation, your clients only have to get involved in it in 17 the absence of the non-objecting people, and then only until 18 they show up. 19 I will keep jurisdiction, so in the event that that 20 were to happen, or that your clients breached the agreement, 21 or the hospital breached the agreement, that you then can 22 come back to me and resolve it. 23 I think under the circumstances this is the best 24 solution for everybody, and I want to thank both you and Mr. 25 Deutch who are the ones that I dealt with. I am sure

1 everybody else contributed.

By the way, I guess you should put on the record, because you do have 12 clients, that you have the authority to enter into this agreement on behalf of all of your clients. I know that only two or three are here, and then you had to go to the hospital to meet with the rest of them at my request, so could you please indicate for the record that you have the authority to enter into this agreement on behalf of all of your clients?

MR. BOWMAN: Your Honor, I have spoken to each of the 12. As our understanding is represented here, they have agreed to that.

We have a lot of details in the agreement, and I don't mean to belabor the point, but I think it also -- I am not sure if in your most recent recital of what it would include, it included that there wouldn't be adverse actions taken against my clients on the basis of their objection, or that they wouldn't have their hours reduced and whatnot, with the recognition that this is not, you know, locking the hospital into what the same day surgery is going to be for the next 20 years. It's just a question of looking at the staffing, as we discussed it, and we are in a different position than we were last week, that that is also part of it.

When Mr. Deutch recited some of the things, among

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all of the things that would not be required of working on
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         cases, one thing that we did mention specifically was
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         training to do any thereof, so in other words, the things
         that my clients wouldn't have to do on abortion cases, it is
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         my understanding that by virtue of the fact, they wouldn't
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         also have to go through training to do those things, and I
         wanted to put that on the record.
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                  Certainly, if I am incorrect about that, maybe you
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         can clarify it.
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                  THE COURT: This is the day to clarify it.
                  MR. DEUTSCH: One second, your Honor.
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                  (Counsel confer)
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                  MR. BOWMAN: But I can say, if I didn't more
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         specifically say it, that I have spoken with all 12 of my
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         clients, and they all do agree with the agreement to the
         extent that I'm expressing our understanding of it.
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                  THE COURT: Thank you.
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                  MR. PEIRANO: Your Honor, may I respond on behalf
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         of UMDNJ?
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                  THE COURT: Yes.
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                  MR. PEIRANO: Your Honor, with respect to the
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         training, the training to actually perform abortions,
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         obviously they do not have to do that. However, the duties
         that they are being relieved from include duties that are
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         performed on other pre-op surgery patients and other post-op
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surgery patients. So to the extent that that training is 1 2 for all nurses without regard to whether it is abortions or 3 not, if the hospital mandates that there be training for that, we are not saying that they wouldn't have to go 4 5 through that training, Judge, for example, training on how 6 to take vital signs. I mean, you have to take vital signs 7 for every surgery. If they run training on that, they would be required to do that, Judge. 8 9 THE COURT: Training that is necessary for other medical procedures. 10 11 MR. PEIRANO: For all surgical -- that's absolutely 12 correct, your Honor. 13 THE COURT: Mr. Bowman, I assume you have no 14 objection to that. 15 MR. BOWMAN: That's right. We weren't suggesting that they wouldn't have to do the duties in themselves --16 17 THE COURT: The duties of a nurse in general, but 18 not specific duties dealing with termination of pregnancy, 19 right? 20 MR. BOWMAN: Yes. 21 The way the training happened before was, we are 22 actually taking you to an abortion patient, and here, do 23 this, do that and the other thing. 24 No one -- you know, we are obviously not objecting 25 to learning vital signs on a standard non-abortion patient,

1 or even to learning emergency care on that standard 2 non-abortion patient. That is not what I was suggesting 3 would be --4 MR. PEIRANO: I just wanted that to be clear, and 5 one other clarification, Judge --6 THE COURT: That is the reason why I wanted to go 7 on the record, because I wanted to clarify everything rather than have you guys do it back and forth through letters, 8 9 which apparently hasn't been very fruitful in the past. 10 MR. PEIRANO: That's correct, Judge. With respect to whether our position has changed as 11 12 far as staffing from last week, I do not agree that it has 13 changed measurably, your Honor. Last week what our position was, if we hire four 14 new people to come in, and the census goes down, when the 15 16 census goes down, Judge, okay, there may not be a need for 17 20 nurses. Somebody may be transferred. But if that 18 occurs, Judge, it is all going to be under the position of 19 the collective bargaining agreement. There is no present intention to do that, but we simply cannot predict the 20 21 future, your Honor. 22 THE COURT: Counsel, I think we said that, and I 23 don't want to create problems where there aren't any. I think Mr. Bowman understands that. His concern is that as a 24 25 result of this case, you don't start taking adverse

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         employment action against his clients, right?
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                  MR. BOWMAN: That's basically right, your Honor.
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                  THE COURT: That's my understanding as well.
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                  If you decide to transfer them later for other
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         reasons --
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                  MR. PEIRANO: We have no objection to that, your
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         Honor.
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                  MR. BOWMAN: The question we're raising is you look
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         at the 20 nurses and you say, these new four will do
         abortions, and these 12 won't, so on that basis, on the
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         basis of that distinction, some of the 12 go out, and the
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         four stay in. That is where I understood us to be last
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         week, and that's where I understand us not to be this week.
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                  MR. PERIRANO: Judge, if something like that
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         happens, that they believe is an adverse employment action,
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         as a result of them engaging in protected activity, you are
         retaining jurisdiction, and it can be brought before the
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         Court.
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                  THE COURT: I agree, because it's like the
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         definition of an emergency. We are not going to be sitting
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         here today trying to figure out in the event that they do
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         something, when they do it, is it going to be as a result of
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         this case. I mean, I am going to retain jurisdiction, so
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         that I can keep an eye on what is going on.
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                  MR. BOWMAN: We are very glad you are doing that,
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1 your Honor. For ten years there have been no situations 2 which required my clients' involvement, so if we are going back to that basic situation, then we have no objection. 3 THE COURT: All right. 4 5 I want to thank both of you for working with the 6 Court in the amicable resolution of this matter. 7 I will issue an order that will set forth the parameters of the agreement, as I understand it, and as you 8 9 indicated that you understand it today, and that will be 10 all. 11 I think that agreements like this in cases like 12 this do not come about easily because of the emotions 13 involved, and because any time you are dealing with a public 14 entity, it is not as though you are dealing with a single 15 client that you can get approval for things overnight. 16 There are procedures that entities like the 17 hospital have to go through and responsibilities in their 18 mission statement in terms of what they have to do, and 19 there are also issues with regard to potential medical liability, if you leave things out like emergencies out of 20 21 the equation, you know, potential medical malpractice claims 22 and all other kinds of claims. 23 On the other hand, I understand the importance of this issue to your clients, and I wanted to see if there was 24 a way to accommodate it, and I appreciate you talking to 25

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         your clients and getting everyone on the same page.
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                  Mr. Deutsch, I appreciate the reasonableness in
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         which the hospital handled this situation in reaching where
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         we got today.
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                  So with my thanks, this matter is now adjourned.
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                  Thank you.
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                  MR. DEUTSCH: Thank you, your Honor.
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                  MR. PEIRANO: Thank you, your Honor.
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                  MR. BOWMAN: Thank you, your Honor.
                  THE CLERK: All rise.
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                  (Court adjourned.)
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